

BLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. 2368

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. \_\_\_\_\_

To \_\_\_\_\_

(Payee)

PAID BY

Encl # 4  
VVD-0859-59  
COPY 1 OF 2

| No. and Date of Order   | Date of Delivery or Service | ARTICLES OR SERVICES<br>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)<br><br>Discount Terms | QUANTITY                 | UNIT PRICE  |                | AMOUNT     |                      |
|---|-----------------------------|---|--------------------------|---|----------------|------------|----------------------|
|   |                             |   |                          | Cost  | Per            | Dollars    | Cts.                 |
|   |                             | Costs   |                          |   |                | \$25.      | 48                   |
| PAYMENT:<br>Complete <input type="checkbox"/><br>Partial <input type="checkbox"/><br>Final <input type="checkbox"/>   |                             |   |                          | Total   |                | \$25.      | 48                   |
| Shipped from _____ to _____   |                             | Weight _____  | Government B/L No. _____ |   |                |            |                      |
| I certify that the above bill is correct and just and that payment has not been received.<br><br>(Sign original only) |                             |   |                          | (Payee must NOT use this space)<br>Differences _____<br>_____<br>_____<br>Amount verified; correct for _____<br>(Signature or initials) <i>EE</i> |                |            |                      |
| Date 1/22/59  | Per _____                   | Title _____   | Contract No. H-101       | Date _____  | Req. No. _____ | Date _____ | Invoice Rec'd. _____ |

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

† \_\_\_\_\_  
(Authorized Certifying Officer)

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ on Treasurer of the United States in favor of \_\_\_\_\_  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_  
(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be entered in the space provided for the signature of the person writing the company or corporation, as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Title \_\_\_\_\_

STATOTHR